

Case Number:	CM14-0215484		
Date Assigned:	01/05/2015	Date of Injury:	03/02/2014
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, hand, and shoulder pain reportedly associated with an industrial injury of March 2, 2014. In a Utilization Review Report dated December 16, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the left upper extremity. The claims administrator referenced a September 26, 2014 RFA form and associated progress note in its determination. The applicant's attorney subsequently appealed. A cervical MRI imaging of September 4, 2014 was notable for a 1- to 2-mm posterior disk bulge at C4 through C7 without evidence of canal stenosis or neuroforaminal narrowing. Nonspecific straightening of normal cervical lordosis was evident with a question of muscle strain appreciated. The applicant underwent some sort of functional capacity evaluation on September 30, 2014, the results of which were not clearly reported. On August 7, 2014, the applicant reported ongoing complaints of neck pain radiating to the left arm. The applicant was no longer employed with her former employer. The applicant's pain complaints were scored 8/10. The left shoulder also represented other focus of pain. The applicant was on tramadol for pain relief. A rather proscriptive 10-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitation in place. Naprosyn, Protonix, and several topical compounded agents were endorsed, along with cervical MRI imaging. In a November 19, 2014 progress note, the attending provider initiated requests for an orthopedic shoulder surgery evaluation, an MRI of the left elbow, and electrodiagnostic testing of the bilateral upper extremities due to bilateral hand weakness. The applicant was given prescriptions for Naprosyn and Protonix. The same,

unchanged, rather proscriptive 10-pound lifting limitation was endorsed. A pain management consultation for the cervical spine was sought. The stated diagnoses were cervicgia, right shoulder bursitis, left shoulder bursitis, left shoulder impingement syndrome, left elbow pain, right hand pain, and left hand joint pain. The applicant did report hand pain exacerbated by gripping and grasping activities. The applicant did apparently exhibit equivocal Tinel and Phalen signs about the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Yes, the request for NCV of the left upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies can help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. Here, the applicant's presentation was notable for ongoing complaints of neck pain radiating to the left arm. Left upper paresthesias were evident. The applicant did exhibit positive Tinel and Phalen signs at the wrist. Both a suspected carpal tunnel syndrome, and/or cervical radiculopathy, thus, are on the differential diagnosis list. Electrodiagnostic testing to include the NCV at issue, thus, is indicated here. Therefore, the request is medically necessary.

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: The request for an EMG of the left upper extremity is likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is "recommended" to clarify a diagnosis of nerve root dysfunction in case of suspected disk herniation preoperatively or before epidural steroid injection. Here, the applicant did have ongoing complaints of neck pain radiating to the left arm. Earlier cervical MRI imaging was equivocal and/or nondiagnostic. The applicant was asked to consult a pain management physician, suggesting that the applicant was considering epidural steroid injection therapy. Obtaining EMG testing, thus, was/is indicated to further evaluate the source of the applicant's ongoing left upper extremity paresthesias. Therefore, the request was/is medically necessary.

